

POLICY AND COMMUNICATIONS BULLETIN

THE CLINICAL CENTER

Medical Administrative Series

M80-6 (rev.)

4 October 2000

MANUAL TRANSMITTAL SHEET

SUBJECT: Surgical Suite Infection Control

1. Explanation of Material Transmitted: This issuance updates the infection control procedures for the surgical suites. The policy was reviewed by the Medical Executive Committee on 3 October 2000 and approved with minor changes.
2. Material Superseded: MAS No. M80-6 (rev.), dated 7 October 1997
3. Filing Instructions: "Other" Section

Remove: No. M80-6 (rev.), dated 7 October 1997

Insert: No. M80-6 (rev.), dated 4 October 2000

DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in
Patient Care

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SUBJECT: Surgical Suite Infection Control

PURPOSE

These regulations are intended to minimize the incidence of post-surgical site infection.

GENERAL

Prevention of infection is promoted by adherence to infection control practices. All employees should adjust activities in the operating room suites, to maximize good technique and minimize activities that may contribute to infection. In such circumstances unnecessary entering of operating rooms should be curtailed. Universal precautions are monitored and complied with by all members of the perioperative staff.

ACCESS TO THE SURGICAL SUITE

1. Traffic in the corridors approaching the operating rooms shall be restricted to personnel wearing scrub attire, shoe covers (optional), and head covering.
2. The surgical suite shall not be used as a thoroughfare to other areas.
3. All persons entering an active or inactive operating room shall be properly attired. Each person shall wear a clean scrub suit and optional shoe covers. Masks must be worn in active operating rooms. All head and facial hair must be covered.

OPERATING ROOM ATTIRE

1. Only NIH issued operating room attire shall be worn.
2. Scrub suits may be worn outside the operating suite only within the confines of Building 10. When leaving the OR suite, operating room attire must be protected with a cover gown (e.g., white lab coat, disposable coat, etc.); hair covering, mask and shoe covers must be removed.
3. Members of the operative team must change scrub attire when going from a lengthy or contaminated case to a second procedure.

PREPARATION FOR SURGERY

1. Housekeeping
 - a. All operating rooms will be thoroughly cleaned between cases.
 - b. All active operating rooms will receive a complete general cleaning at the end of each day's use.
 - c. Special cleaning procedures are performed following cases using an isolation category of CNS (Central Nervous System) precautions.
2. Hospital Staff
 - a. Persons with known infections or infectious processes (including upper respiratory infections) shall not participate in operative procedures.
 - b. Dangling jewelry is not worn in the operating room.
 - c. The pre-operative hand scrub shall be performed according to recommended procedures.
3. Patients
 - a. Clipping of hair and the use of electric razors are preferred to the use of safety razors. When a patient must be shaved,

he/she shall be shaved immediately preoperatively or as close to the time of surgery as possible.

- b. Skin prep shall be performed according to the recommended procedures and for the recommended periods of time.

INTRAOPERATIVE

1. Everyone involved in the operative procedure must be constantly aware of breaks in aseptic technique. Such breaks are to be reported immediately to the circulating nurse who should relay this information to the operating surgeon, depending on the gravity of the technical error. Appropriate measures should be taken to correct the error.
2. Doors to the operating room should be kept closed at all times. Doors should not be held open, even for brief periods of time, unless absolutely necessary.
3. Excessive activity in the operating room should be reduced to a minimum.

REFERENCE

Centers for Disease Control and Prevention. Guideline for prevention of surgical wound infections, 1985.